

COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below adjacent to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of subject matter (process, machine, manufacture, or composition of matter, or an improvement thereof) which is claimed and for which a patent is sought by way of the application entitled "METHOD, SYSTEM AND USER INTERFACE FOR INPUTTING AND MANIPULATING TOKENISED STRINGS" which

☒ [X] is attached hereto.

☐ [] and is amended by the Preliminary Amendment attached hereto.

☐ [] was filed on _____

as Application Serial No. _____

☐ [] and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the specification, including the claims of the application entitled "METHOD, SYSTEM AND USER INTERFACE FOR INPUTTING AND MANIPULATING TOKENISED STRINGS", as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Claimed
	European Patent Office		
<u>99124949.1</u> (Number)	<u> </u> (Country)	<u>14 December 1999</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> [X] Yes <input type="checkbox"/> [] No
<u>NA</u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
<u>NA</u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No

